



LLQP Online Examination Application

Individuals writing the LLQP Exams must be certified by their LLQP Course Provider prior to submitting an exam registration.

Council corresponds with individuals via email. Ensure your writing is legible and information is accurate to avoid delays in scheduling exams.

Exam marks will be sent by email only.

Name of applicant _____
LAST NAME FIRST NAME MIDDLE NAME

Preferred Name _____ **Birth Date** _____

Home Address _____
ADDRESS CITY/TOWN POSTAL CODE

Resident Phone _____ **Business Phone** _____ **Cell** _____

Email _____

- Failure to accurately disclose the following information may nullify your exam results:
- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a permanent resident or citizen of Canada? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a resident of Saskatchewan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you within the past twelve months attempted any licence exam(s) in any other province? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have answered yes, provide full details on a separate sheet of paper. | | |
| 4. Are you currently licensed or have you ever held a licence in any other province or state? | <input type="checkbox"/> | <input type="checkbox"/> |

Life including Accident & Sickness (CIPR No. _____)

- ___ LLQP – Accident & Sickness Insurance
- ___ LLQP – Ethics & Professional Practice (Common Law Provinces)
- ___ LLQP – Life Insurance
- ___ LLQP – Segregated Funds and Annuities

Accident & Sickness (CIPR No. _____)

- ___ LLQP – Accident & Sickness Insurance
- ___ LLQP – Ethics & Professional Practice (Common Law Provinces)

LLQP Online Exams will be coordinated by the Insurance Council of Saskatchewan through Durham College. The cost per exam module is \$66.



Understanding

I understand that I must present valid photo identification upon arrival at the exam centre as evidence that I am the person registered to write the exam(s). I understand that I will not be allowed to write the exam(s) without such identification. There is no exception to this requirement.

I understand the information contained in this document is intended for the purposes of writing an exam(s) in order to be eligible to apply for licence as an insurance agent or an adjuster. The information collected is subject to the Privacy Guidelines of the Insurance Council of Saskatchewan.

SIGNATURE

DATE OF SIGNATURE

Please send the completed Licensing Examination Application Form to:

Exam Coordinator
Insurance Council of Saskatchewan
310, 2631 – 28th Avenue
Regina SK S4S 6X3

Bus 306.347.0862
Fax 306.347.0525
cari.banda@skcouncil.sk.ca

Office Use Only	Date Confirmed

June 19, 2020